O.K. 2.13.14

Date: 2/12/17

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN					
Is This Report an Amendment: Yes	□ No		OTTO A ST		
Instructions for completing schedules are on the back of each schedule.			CITY OF	FITCHBURG	
COMMITTEE IDENTIFICATION			FEB 1 3 2017		
Marc A. Tones			1 20	1 9 2011	
Street Address 22665. Steve Pd.			OFFICE/USE ONLY		
City, State and Zip Code Fitch builds W1 53711					
Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.					
NAME OF REPORT					
□ January Continuing Pre-Primary □ July Continuing Pre-Election	Spring F	all 🔲	Special	☐ Termination Report also complete Schedule 4	
SUMMARY OF RECEIPTS AND	Column A	Colu	mn B		
DISBURSEMENTS	This Period Cale		ndar	r	
1. RECEIPTS		Year-T	o-Date]	
1A. Contributions (Including Loans) from Individuals	\$ D	\$ O			
1B. Contributions from Committees (Transfers-In)	\$ D	\$ 0			
1C. Other Income and Commercial Loans	\$ D	\$ O			
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ O	\$ O			
2. DISBURSEMENTS	1				
2A. Gross Expenditures	\$ 1,435,20	\$ 143	5.00		
2B. Contributions to Committees (Transfers-Out)	\$	\$		1	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1435,20	\$ 143	500		
CASH SUMMARY					
Cash Balance Beginning of Report	\$ 1435,20 1				
Total Receipts	\$ <i>D</i>				
Subtotal	\$ 0				
Total Disbursements	\$ 1435,20				
CASH BALANCE END OF REPORT	\$ 0				
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ D				
LOANS (Balance at the Close of This Period-3B)	\$ 6				
I certify that I have examined this report and to the best of m	v knowledge and belief it i	s true, correc	ct and compl	ete.	

Signature of Candidate or Treasurer
MOULA, JOHN
Email MJO 54 ene (a) 9 mail, com Make A. Jones Daytime Phone: 408 695 3497 NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the

Type or Print Name of Candidate or Treasurer

DISBURSEMENTS Gross Expenditures

Page ___ of ___

Nukc A. Towes

Instructions for completing schedules are on the back of each schedule.						
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount			
15/17	Unified New Topen Catalog 133 Enterprise Dt. Veltona, WI 53593 Check if: 11 In-Kind Offset	Hews Paper Ad	717.60			
3/11	Unified Herospaper Colour 133 Enterprise De. Vectore, WI 53593 Check if: 1 In-Kind Offset	Newstapee Ad	717.60			
	CHECK II. LI III-KING CHISEL					
	Check if: ☐ In-Kind Offset		93			
	Olicon II. [L] IIPMIIU Olises					
	Check if: ☐ In-Kind Offset					
	Check if:					
	Check if: ☐ In-Kind Offset					
	One of the second					
	Check if:					
	Check if: In-Kind Offset					
	\$ 1435,20					
	\$ 1435.20 \$ 1435.20					
	\$					
		TOTAL EXPENDITURES	\$ 1435,20			